

## Virginia HIV Community Planning Group Meeting Summary

**Members Present:** Justine Annis, Odile Attiglah, Shimeles Bekele, Rhonda Callaham, Ashley Carter, Susan Clinton, Hugo Delgado, Pierre Diaz, Gregory Fordham, Marilyn Freeman, Janet Hall, Richard Hall, Robert Hewitt, Mike King, Martha Lees, Nicholas Mattsson, Shawn McNulty, Rachel Rees, Ruth Royster, Thomas Salyer, Edward Strickler, Bruce Taylor, Stanley Taylor, Adam Thompson, Donald Walker, Shannon Young

**Members Absent:** Melissa Baker, Cheryl Hoffman, Elaine Martin, Silvia Villacampa

**Other Attendees:** Kathleen Carter, Cat Hulburt, Chauntele Taylor, and Shelley Taylor-Donahue of the Virginia Department of Health

### Welcome and Introductions

Cat Hulburt called the meeting to order at 9:00 AM.

### Old Business

- *YAAMSM Survey* – Cat gave a brief history of the survey for the new members present. The survey was sent to CDC this week as an attachment to the annual progress report. Cat explained that the survey included a resource inventory showing all general resources available to MSM and information pulled from the survey. Because some of the data had to be reworked, Cat had earlier sent an e-mail to members with the correct data. She will talk about the survey in greater length at the May meeting. She sees the survey as an on-going project for the CPG to see what the MSM community needs and she asked members to e-mail her any comments, positive or negative. Ed Strickler asked if members can share the data. Cat answered that members can share the data but that the information is not on VDH's web site yet.
- *General Assembly* – The bill concerning testing of inmates has been tabled. Cat indicated there will be more linkages coming from the Department of Corrections.

### Membership

Cat recognized the work the membership committee (Rhonda Callaham, Elaine Martin, Ruth Royster and Bruce Taylor) did at its meeting at VDH on March 18. She thinks the new representation will bring exciting expertise to the committee. New member orientation is scheduled for May 19 at VDH, the day before the regular meeting. Four new members were present today: Justine Annis, Susan Clinton, Marilyn Freeman, and Stanley Taylor.

## **HIV Prevention Update - Cat Hulburt**

- *Quality Assurance Manual* - is being compiled by Heather Bronson and will be released in April.
- *AIDS Services and Education RFP* - will be released in mid- to late April, total funding \$200,000.
- *CDC report on disproportionate rate of HIV in MSM* - over 40% more likely to contract HIV than other men and described a variety of factors that contribute towards the rate. More info can be found at <http://www.cdc.gov/nchhstp/Newsroom/msmpressrelease.html>.
- *Black Women's Loving Me Conference* – Sisters Promoting H.O.P.E. sponsored its first "Black Women's Loving Me Conference" on March 13. Originally slated to be held at St. Paul's Baptist Church in February, it was cancelled due to inclement weather and was rescheduled at the Holiday Inn Crossroads. Approximately 75 women attended, representing various educational and professional backgrounds, of which 20 voluntarily tested for HIV.
- *HIV Stops With Us* – This campaign will target the Southeast, Central and Northern regions. Fan Free Clinic is looking for spokespersons and Shawn McNulty is forwarding referrals to Better World Advertising. Shawn stated that the spokespersons need to have internet access because a big part of the campaign involves blogging. More information can be found at [www.hivstopswithme.org](http://www.hivstopswithme.org).

## **HIV Care Updates – Shelley Taylor-Donahue and Rachel Rees**

- *Ryan White Part A* - Started March 1, base funding and more supplemental awards coming out in April or May. Part B grant money still not awarded (should have been awarded by April 1) and there also should be supplemental money for Part B but VDH hasn't received it yet. In 2010, the MAI year will start the same time as Part B (April 1). Rachel explained that supplemental money is competitive so VDH has to compete for it but services will not be interrupted.
- *ADAP update* – Rachel reported that a lot is going on nationally, specifically wait lists, but not in Virginia so far. The Southern AIDS Coalition is doing a lot of advocacy because of wait lists in Kentucky, North Carolina, and Tennessee and NASTAD is trying to get more federal ADAP dollars for southern states, as well.
- *Health Care Reform Bill* – Concerns Medicare Part D cost sharing assistance - Starting in January 2011, Ryan White Part B funds, including ADAP, can be counted toward true out of pocket costs. Rachel would like Cat to put this on May agenda to walk members through it. Some things in the bill are immediate; some parts won't go into effect until 2011, 2014 and 2020.
- *State level* – The State Pharmaceutical Assistance Program (SPAP) is funded through state dollars and helps Medicare Part D clients get services. These funds suffered budget cuts and 63 clients were transitioned to ADAP for service funding.

- *Quarterly Conference Calls* - ADAP staff will start hosting quarterly conference calls with Ryan White stakeholders. The purpose of these calls is to provide updates on medications, program requirements, and policies. The first call is scheduled for April 21 and will focus on centralized eligibility. No registration is necessary. For more information, contact Rachel Rees at [rachel.rees@vdh.virginia.gov](mailto:rachel.rees@vdh.virginia.gov) or (804) 864-7919.

### **Early Intervention Services (EIS): Bridging the Gap Between Prevention & Care – Shelley Taylor-Donahue**

Shelley stated EIS includes outreach, counseling and testing, information and referral services, and the goal for 2010 is trying to find people who are positive and get them into care as quickly as possible. She estimates there are approximately 5,500 persons living with HIV/AIDS in Virginia who do not know their status. HCS will partner with prevention to 1) Provide early access to HIV case management and primary medical care services for individuals who have not received care in the six-week period following their positive test result; 2) Identify and re-engage in care individuals with HIV who have not seen a doctor in at least a year, and 3) Re-connect to case management services those HIV+ individuals who have not seen their case manager in a year. Cat explained care and prevention issues to the new members, and why we address prevention and care at each meeting. Shelley then asked members how they felt prevention and care can collaborate. Some suggestions were to “embed HIV prevention into holistic health care” (Rick) and “PCRS should be an on-going process, but it’s not.” (Bruce)

### **Northwest (NW) Regional Snapshot**

Cat Hulburt compared statistics for NW (Central Shenandoah, Thomas Jefferson, Rappahannock, Rappahannock/Rapidan, and Lord Fairfax Health Districts) to overall figures in Virginia of those tested and those who tested positive. NW’s positivity rates are lower than in the state overall but more positives have been identified.

Chauntele Taylor reported on prevention programs that are offered in NW, with a total funding amount of \$488,000. The contractors are AIDS/HIV Services Group (ASG); Fredericksburg Area HIV/AIDS Support Services; The Way of the Cross; and AIDS Resource Effort (a subcontractor with ASG). Chauntele covered the HIV prevention services offered by each agency and the population that is targeted, the challenges the contractors are facing, and the challenges observed by VDH (e.g., many DEBs don’t work in rural areas and need to be adapted). Future goals are to explore social networking to bring individuals into services; develop an anti-stigma campaign for rural areas, and look into the feasibility of using testing programs in NW that are currently being used in the Southwest region.

Shelley Taylor-Donahue reported on Ryan White 2009 funding in NW, showing percentages for Parts A, B, and C funding: 60% funding is Part B, 29% Part C and

13% Part A, which goes to Mary Washington University and the University of Virginia. A total of 356 ADAP clients were served from April 1, 2009 through January 31, 2010. She noted that one serious challenge has been transportation, which is especially difficult in the more rural areas of NW. Also, changes in HIV/AIDS services in the Washington, D.C. area have caused clients to migrate into the NW region for services, e.g., when Whitman-Walker Clinic closed and FAHASS got a lot of former WWC clients. Poor attendance for mental health and substance abuse appointments makes it challenging to maintain these services, as well. There is a limited number of primary care access points but one success has been the opening of the Harrisonburg Community Health Center telemedicine program which helps those who can't drive all the way to UVA. Another success has been a 20% increase since 2008 of clients served; however, an increase in clients causes budget restraints. In-depth needs assessment activities have begun and Shelley hopes VDH can utilize and replicate them across the state. Other successes include the Fauquier Outreach Clinic and the addition of two more indigent care doctors. What's next: Capacity development for HIV/AIDS services; utilize data from in-depth needs assessment to identify and address gaps/barriers in services (e.g., migrant and seasonal workers, also a huge Hispanic population due to poultry industry); and continue to recruit more providers and support newly added services access points.

Ashley Carter presented "HIV Infection and STDs in the NW Region Compared to Statewide." She noted that case counts of HIV disease appear to be increasing statewide and in Northwest, with greatest increases in men, blacks and MSM. HIV cases (2006-2009) have increased 24% in males, 37% increase in blacks, and 45% in MSM. She noted that the NW region is a "model" region, with good working relationships between health counselors and CBOs, hospitals and ADAP in the area. Concerning STDs, Ashley reported on gonorrhea, early syphilis and chlamydia cases in NW compared to statewide, noting a disparity in chlamydia rates with blacks higher than whites and Hispanics. Ed Strickler asked why HIV data takes so long to be disseminated and Ashley answered that HIV cases take longer because a lot more research goes into HIV data than for STDs. States have to "talk" to each other to make sure cases don't get counted twice.

Concerning the epidemiology profile, Ashley noted that in December 2009, four updates were released on the VDH web site. The updates highlight the scope of HIV/AIDS, HIV/AIDS among Women, HIV/AIDS within Black Communities and HIV/AIDS among Hispanics/Latinos. For HIV surveillance, VDH now uses eHARS, which has much greater capabilities than the old system, HARS. The updates can be found at:

[www.vdh.virginia.gov/epidemiology/DiseasePrevention/DAta/Profile\\_2009\\_updates.htm](http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/DAta/Profile_2009_updates.htm).

## **Needs Assessment Process Review and Group Work – Cat Hulburt**

Cat gave an overview of process: find target populations, identify what their needs are and what resources they need. Members broke into three groups to discuss three populations: MSM, HRYA, and IDUs. The groups brainstormed needs and decided which of the following headings the needs should go under: Knowledge; Persuasion (internal: feelings, emotions, attitudes); Skills; Access; or Supportive Norms (external: community norms). Members broke into groups and were charged with finding commonalities and unique qualities, and then each group presented a summary of its findings.

### **Review of February Meeting Summary**

Motion was made and seconded to approve the minutes as written.

### **Planning for May Meeting**

### **Adjournment**

The meeting was adjourned at 4:00 PM.

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Bruce Taylor, Community Co-Chair

Date

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Kathleen Carter, Recording Secretary

Date